

## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER POLLUTION CONTROL PROGRAM (SEE MAP FOR APPROPRIATE REGIONAL OFFICE)

| FOR AGENCY USE ONLY |               |  |  |  |
|---------------------|---------------|--|--|--|
| CHECK NO.           |               |  |  |  |
|                     |               |  |  |  |
| DATE RECEIVED       | FEE SUBMITTED |  |  |  |
|                     |               |  |  |  |

## APPLICATION FOR TRANSFER OF OPERATING PERMIT

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|---|--------------|---|-----------|
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PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1.00 - 4.00 TO BE COMPLETED BY CURRENT PERMITTEE (PRESENT OWNER/SELLER). THE FOLLOWING ITEMS PRESENTLY APPLY TO THIS FACILITY: (SEE INSTRUCTIONS FOR APPROPRIATE FEE TO BE SUBMITTED WITH APPLICATION.)

| 1.00 FACILITY                           | TRUCTIONS FOR APPROPRIATE FEE T | O BE SUBMITTED WITH APPLIC | ATION.)                     |  |  |
|---|---------------------------------|----------------------------|-----------------------------|--|--|
| NAME                                    | TELEPHONE NU                    | TELEPHONE NUMBER           |                             |  |  |
|   |                                 |                            |                             |  |  |
| ADDRESS                                 | CITY                            | STATE                      | ZIP                         |  |  |
| 2.00 CURRENT OWNER                      |                                 |                            |                             |  |  |
| NAME                                    |                                 | TELEPHONE NUMBER           |                             |  |  |
|   |                                 |                            |                             |  |  |
| ADDRESS                                 | CITY                            | STATE                      | ZIP                         |  |  |
|   |                                 |                            |                             |  |  |
| 3.00 CONTINUING AUTHORITY: (If sa       | ame as owner, write same.)      |                            |                             |  |  |
| NAME                                    |                                 | TELEPHONE NU               | MBER                        |  |  |
|   |                                 |                            |                             |  |  |
| ADDRESS                                 | CITY                            | STATE                      | ZIP                         |  |  |
|   |                                 |                            |                             |  |  |
| 4.00 SIGNATURE                          |                                 |                            |                             |  |  |
| I CERTIFY THAT I AM FAMILIAR W          | ITH THE INFORMATION GIVEN ABO   | OVE, THAT TO THE BEST OF M | Y KNOWLEDGE AND             |  |  |
| BELIEF SUCH INFORMATION IS              | TRUE, COMPLETE AND ACCURATE     | , AND UNTIL TRANSFER APP   | ROVAL, I AGREE TO           |  |  |
| CONTINUE TO ABIDE BY THE                | MISSOURI CLEAN WATER LAW A      | AND ALL RULES, REGULATION  | ONS, ORDERS AND             |  |  |
| DECISIONS, SUBJECT TO ANY LI            | EGITIMATE APPEAL AVAILABLE UN   | DER THE MISSOURI CLEAN W   | VATER LAW, OF THE           |  |  |
| MISSOURI CLEAN WATER COMM               | MISSION.                        |                            |                             |  |  |
| NAME AND OFFICIAL TITLE (TYPE OR PRINT) |                                 | PHONE NO. (ARI             | PHONE NO. (AREA CODE & NO.) |  |  |
|   |                                 |                            |                             |  |  |
| SIGNATURE                               |                                 | DATE SIGNED                | DATE SIGNED                 |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |
|   |                                 |                            |                             |  |  |

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| THE FOLLOWING ITEMS (5.00 - 10.00) WILL APP<br>BY THE APPLICANT FOR TRANSFER OF OPERA  | PLY AFTER CO<br>ATING PERMIT | MPLETION OF TRANSFER (BUYER) OR AUTHORIZE | (SALE) AND ARE<br>D AGENT. | TO BE COMPLETED    |  |
|--|------------------------------|---|----------------------------|--------------------|--|
| 5.00 FACILITY  |                              |   |                            |                    |  |
| NAME   |                              | NPDES NUMBER                              | TELEPHONE N                | IUMBER             |  |
|  |                              | MO -                                      |                            |                    |  |
| ADDRESS  | CITY                         | INIO                                      | STATE                      | ZIP                |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| 6.00 FUTURE OWNER  |                              |   | TELEBUIONE N               | W W 40.50          |  |
| NAME   |                              |   | TELEPHONE NUMBER           |                    |  |
|  |                              |   |                            |                    |  |
| ADDRESS  | CITY                         |   | STATE                      | ZIP                |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| 7.00 CONTINUING AUTHORITY: (If same as owner   | er, write same.)             |   |                            |                    |  |
| NAME   |                              |   | TELEPHONE N                | TELEPHONE NUMBER   |  |
|  |                              |   |                            |                    |  |
|  |                              |   | STATE                      |                    |  |
| ADDRESS  | CITY                         | CITY                                      |                            | ZIP                |  |
|  |                              |   |                            |                    |  |
| 8.00 FACILITY CONTACT  |                              |   |                            |                    |  |
| NAME   |                              |   | TELEPHONE N                | IUMBER             |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| TITLE  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| 9.00 ADDITIONAL INFORMATION  |                              |   |                            |                    |  |
| ANTICIPATED EFFECTIVE DATE OF TRANSFER IN OWNERSHIP  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| ARE ANY CHANGES IN PRODUCTION, RAW MATERIALS OR IN THE QUARE SET IN THE QUARE SET IN THE |                              |   | ITY PLANNED OR ANTICIF     | PATED?             |  |
| II TES EXITENIN (II ADDITIONAL SI ACE IS   | TIEQUITED, ATTACIT           | STILL!)                                   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   |                            |                    |  |
| 10.00 SIGNATURE  |                              |   |                            |                    |  |
| I CERTIFY THAT I AM FAMILIAR WITH THE IN   | NFORMATION                   | GIVEN ABOVE, THAT TO                      | THE BEST OF N              | MY KNOWLEDGE AND   |  |
| BELIEF SUCH INFORMATION IS TRUE, COM   | MPLETE AND                   | ACCURATE, AND UPON                        | TRANSFER AP                | PROVAL, I AGREE TO |  |
| ABIDE BY THE MISSOURI CLEAN WATER L  | AW AND ALL                   | RULES. REGULATIONS.                       | ORDERS AND D               | ECISIONS, SUBJECT  |  |
| TO ANY LEGITIMATE APPEAL AVAILABLE   |                              |   |                            |                    |  |
| WATER COMMISSION.  |                              | MISSOSTII OLLAN WAI                       | LILLIAVV, OI II            | IL MICCOCKI OLLAN  |  |
|  |                              |   |                            |                    |  |
| NAME AND OFFICIAL TITLE (TYPE OR PRINT)  |                              |   | PHONE NO. (A               | REA CODE & NO.)    |  |
|  |                              |   |                            |                    |  |
| SIGNATURE  |                              |   | DATE SIGNED                |                    |  |
|  |                              |   |                            |                    |  |
|  |                              |   | I                          |                    |  |

## INSTRUCTIONS FOR FILLING OUT APPLICATION FOR TRANSFER OF OPERATING PERMIT

All blanks must be filled in when the application is submitted to the Missouri Department of Natural Resources. This includes both required signatures. Current permittee (present owner/seller) is to complete items 1.00 - 4.00. Applicant for transfer of operating permit (buyer) is to complete items 5.00 - 10.00.

Department of Natural Resources regulation 10 CSR 20-6.010 (12) governs the transfer of NPDES permits. Until such time as the permit is officially transferred, the current permittee remains responsible for complying with the terms and conditions of the existing permit. The department, within thirty (30) days of receipt of this application, shall notify the new applicant of its intent to revoke and reissue or transfer the permit. Construction and general permits are not transferable. All applications must be signed as follows:

- 1. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters;
- 2. For a partnership or sole proprietorship, by a general partner or the proprietor;
- 3. For a municipal, state, federal, or other public facility by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility; or
- 4. Owner.

A completed form should be returned to the appropriate regional office. (See map)

Permit modifications, including transfers\*, are subject to the following fees:

Municipals - \$200 each All others - 25% of annual fee

\*General permits for land disturbance (MO-R100, MO-R100A, MO-R101, and MO-R109) and for Concentrated Animal Feeding Operations (MO-G01) are NOT transferrable. Therefore, this form does not apply to those operations.

Note: Business name and address changes where owner, operator and continuing authority remain the same are not considered transfers.

If there are any questions concerning this form, these should be directed to the appropriate regional office (see map).

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